	City of Casa Grande Administrative Directive	Effective Date:
	Travel Policy	Date Reviewed:
		Department of Primary Responsibility: Finance
		Directive Number: 200-PROC-REV

I. PURPOSE

This Directive is issued to establish a policy for employee travel expenses, including travel advances, reimbursement for travel expenses incurred, and reconciliation of travel expenses and advances. The primary objective is to travel only when necessary to accomplish the goals of the City and to travel at the least possible cost.

II. RESPONSIBILITY

- A. Traveler will be familiar and comply with this directive, submit the appropriate forms accurately reflecting the travel plans, use good judgment and discretion when incurring travel expenses and keep all receipts required for reimbursement.
- B. Traveler's Supervisor will review the travel request in advance and approve any travel to be reimbursed
- C. Traveler's Department Director will screen all travel requests for appropriateness, for compliance with policies and directives, for availability of budget authority, and approve or deny planned travel in advance.
- D. City Manager or designee will approve all travel for Department Directors, approve any exceptions requested to the Travel directive and approve any travel outside the state of Arizona. City Manager approves travel for elected City officials.
- E. Senior Accounting Clerk audits all travel reimbursement requests for compliance with the directive and validates all supporting documents and approvals.
- F. Non-compliance with Travel Policy or the improper claim of expenses may result in the appropriate disciplinary action.

III. PROCEDURES

A. TRAVEL AUTHORIZATION

A Travel Authorization Form must be completed and approved prior to confirming any travel arrangements. Travel authorization forms for employees shall be approved by the employee's supervisor, employee's Department Director and the City Manager shall approve travel authorization forms for Department Director's and elected City Officials. (*Travel authorization form Attachment A*)

B. TRAVEL ADVANCE

1. Employees may request advance payment based on the per diem rates for meals and incidentals, and for other approved estimated travel costs by completing the appropriate information on the Travel Authorization Form (Attachment A). Advances for travel expenses do not constitute approval for the expenditure of the entire amount so advanced, as all expenditures must be justified with receipts and approved.
2. The City shall not advance or pay for any travel or registration expenses for any City employee's spouse, family member or guest.

C. AIRFARE/REGISTRATION FEES

1. Whenever possible, airfare and registration fees should be paid directly to the vendor.
2. Airfare will be paid at "coach" rates only.
3. Traveler is required to present three quotes from different airlines if possible.

D. PAYMENT FOR MEALS

1. Employees may be reimbursed for meals in two ways. The first alternative involves a flat, per diem rate and requires no receipt of the actual expense. The per diem meal rate for employees is :

Meal Type	In State Per Diem	Out of State Per Diem
Breakfast	\$10.00	\$12.00
Lunch	\$16.00	\$18.00
Supper	\$26.00	\$28.00

The second alternative involves reimbursement of the actual expenses for meals, supported by receipts. All receipts must be provided with the Travel Expense Report (Attachment B) after travel is complete. The reimbursements should remain within the amount provided with per diems; however, with prior permission of their Department Director reimbursement above the amount of per diem may be allowed in extenuating circumstances.

2. The payment of meals is prorated from the point of departure to the point of return. When a traveler is away less than 24 hours, meal reimbursement is based on travel during the following hours:

Meal Type	From	To
Breakfast	12:01 a.m.	11:00 a.m.
Lunch	11:01 a.m.	4:00 p.m.
Supper	4:01 p.m.	12:00 p.m.

3. No allowance is provided for meals included with registration fees or paid on behalf of the traveler in some other manner.

E. AUTOMOBILE TRAVEL

1. A City vehicle must be used if available for travel of less than one day within the State of Arizona.
2. A rental car may be used for out of state or overnight travel with prior approval of Department Director and if a pool vehicle is not available.
3. Use of a personal vehicle is allowed with prior approval for travel only if a City vehicle is not available... The maximum reimbursement a traveler receives is not to exceed coach airfare quotes and the traveler must have provided proof of state required minimum vehicle insurance limits.
 - a. If an accident occurs while using a personal vehicle on City business, the traveler's personal vehicle insurance is the primary coverage. Secondary liability coverage may be afforded under the City's insurance after primary liability is satisfied. The City's insurance policy does not cover any damages to the personal/private owned automobile.
 - b. Proof of insurance is required for all employees receiving a vehicle allowance and for any employee requesting mileage reimbursement. Please complete Attachment C or provide a copy of the declaration page. The form or copy must be updated when changes occur in the insurance.
 - c. Reimbursement for use of a personal/private owned automobile is at the standard I.R.S. mileage rate in effect at the time of travel provided traveler complies with all IRS regulations regarding vehicle cost components.
 - d. Mileage reimbursement is calculated between the traveler's work location or residence, depending upon the point of origin and the destination (whichever is less). Reimbursement between the traveler's residence and the work location is not allowed.
 - e. The expense for traffic citations issued to a city employee during authorized travel for the city are not eligible for reimbursement, unless the traffic citation is issued to the employee while driving a city vehicle and the violation was due to the city vehicle.

F. LODGING

1. Lodging costs are paid at the single occupancy rate. In an effort to minimize transportation expenses, preference for all lodging is at the location of the event. Any costs incurred above the single occupancy rate are the responsibility of the employee.

G. GROUND TRANSPORTATION

1. Costs for necessary ground transportation (taxi, shuttle, bus, etc.) shall be at the lowest available cost and reimbursed at the actual costs with a receipt.

H. INCIDENTAL EXPENSES

1. Reimbursable expense include, but not limited to (require a receipt):
 - a. Telephone calls for City business
 - b. Faxes for City business
 - c. Gasoline for rented or City owned vehicle
 - d. Parking fees and toll charges
 - e. Baggage fee charged by the air carrier.
2. Non reimbursable expenses
 - a. Alcoholic beverages
 - b. Expenses incurred by Traveler's family, friends or other non City companions.
 - c. Laundry
 - d. Internet Access (not City business related)
 - e. Personal items
 - f. Personal entertainments expenses
 - g. Personal phone calls that exceed 15 minutes per day
 - h. Personal phone calls made on a personal cell phone
 - i. Gratuities (except for reimbursed meals)
 - j. Valet Parking
 - k. Lodging provided by a non-commercial establishment
 - l. Any item without an itemized receipt (except per diems)
 - m. First Class travel
 - n. Gasoline when claiming mileage reimbursement.
3. Incidental expenses must be itemized on the travel expense form and be accompanied by an itemized receipt.

I. GENERAL INFORMATION

1. An employee combining travel on city official business and travel for another organization or for personal reasons will be reimbursed only for the

appropriate part of the city's cost. The basis for reimbursement will be arranged with the city in advance of travel.

2. Urgent travel may be authorized by the Department Director and then affirmed by the City Manager or designee. Such travel will be subject to the same rates and allowances as normal travel. All expenses will be approved and reimbursed in accordance with the guidelines of this directive upon completion of emergency travel.

- a. If funds for the travel are not included in the Annual Budget, a memorandum explaining the reason for the travel request shall be submitted to the City Manager for approval.

J. **TRAVEL EXPENSE REPORT**

1. Upon return from approved travel, the employee must submit a Travel Expense Report within five business days (*see travel expense form Attachment B*).
2. The Travel Expense report must note all costs related to the travel, along with all necessary receipts supporting travel expenses. If the employee received a cash advance and the advance exceeds travel costs, the balance shall be repaid to the City when the travel expense report is submitted.

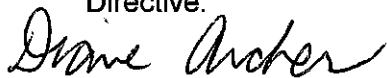
IV. **ATTACHMENTS**

- Attachment A – Travel Authorization Form
- Attachment B – Travel Expense Form
- Attachment C – Automotive Proof of Insurance

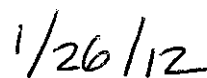
VI. **AUTHORIZATION**

A. This directive is issued under the authority granted the City under Article III, Casa Grande City Charter.

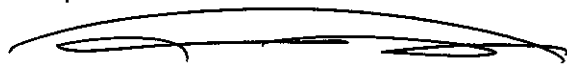
B. The City Manager is the final authority on all matters relating to this Administrative Directive.



Department Director



Date



City Manager



Date

**ATTACHMENT A
CITY OF CASA GRANDE
TRAVEL AUTHORIZATION**

Date:	<input type="checkbox"/> In-State <input type="checkbox"/> Out-State	Budgeted: <input type="checkbox"/> Yes <input type="checkbox"/> No
Account #:	Travel Authorization #:	
Inclusive Dates of Travel: (hour/day/month/year)	From: _____ To: _____	
Name of Employee:		
Destination:		
Purpose of Trip (be specific)		

MAXIMUM ALLOWANCES

Meals Expenses (Per Diem) <input type="checkbox"/> In-State(per day) <input type="checkbox"/> Out-State(per day) Breakfast \$ 10.00 Breakfast \$ 12.00 Lunch \$ 16.00 Lunch \$ 18.00 Dinner \$ 26.00 Dinner \$ 28.00 Total \$ 52.00 Total \$ 58.00	(Attach per diem computation) Total Per Diem:																						
Transportation: <ul style="list-style-type: none"> • Common Carrier: Actual Fare (coach): • City Vehicle (Expenses out-of-pocket costs only): • Personal Vehicle (not-to-exceed IRS rate or air coach equivalent): • Rented Vehicle (Actual charges- Taxicabs, Limousines, Buses, etc., will be reimbursed if for City business, provided individual trip data is available.): 	Transportation Approved: (Type and itemize costs)																						
Lodging: (Describe) <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Name of Hotel</td><td></td></tr> <tr><td>Address</td><td></td></tr> <tr><td>Phone & Fax #</td><td></td></tr> <tr><td>Room Rate Per Night</td><td></td></tr> <tr><td>Room Tax</td><td></td></tr> <tr><td>Service Charge</td><td></td></tr> </table>	Name of Hotel		Address		Phone & Fax #		Room Rate Per Night		Room Tax		Service Charge		Reservation Information: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Arrival Date</td><td></td></tr> <tr><td>Departure Date</td><td></td></tr> <tr><td>Total Night Stay</td><td></td></tr> <tr><td>Confirmation #</td><td></td></tr> <tr><td>Total Cost for Lodging</td><td></td></tr> </table>	Arrival Date		Departure Date		Total Night Stay		Confirmation #		Total Cost for Lodging	
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Service Charge																							
Arrival Date																							
Departure Date																							
Total Night Stay																							
Confirmation #																							
Total Cost for Lodging																							
Other Cost: <ul style="list-style-type: none"> • Registration Fees: • Long distance phone calls (if documented): • Other items incidental to purpose of trip will be reimbursed upon return with receipt: 	Other Cost Approved: (Type and itemize costs)																						
Total Estimated Cost of Trip: Total Cash Advance of \$ _____ required on _____	(Submit separately individual requisitions for direct payments to cover registration, deposits, lodging, etc. and attach copies)																						
I understand that I am to submit within five (5) business days after return, my Travel Expense Report along with required receipts. I understand this requirement is effective whether or not any money may be owed to or from the City. I also understand that any advancement of money for travel expenses does not constitute approval for the expenditure of the entire amount advanced. I understand that all expenses must be justified and approved.	<div style="border-top: 1px solid black; margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> Employee Signature Date </div> </div>																						
Approved by: _____ Department Head	Approved by: <input type="checkbox"/> Yes <input type="checkbox"/> No City Manager	Reviewed by: _____ Finance																					

Date: _____	Date: _____	Date: _____
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**ATTACHMENT B
CITY OF CASA GRANDE
TRAVEL EXPENSE REPORT**

Date: _____ ☐ In-State ☐ Out-State Account #: _____

Inclusive Dates of Travel: (hour/day/month/year)

From: _____

To: _____

Name of Employee:	
Destination:	
Purpose of Trip (be specific):	

ITEMIZED EXPENSES BELOW: (Receipts must be submitted)

Expenses	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
Meals Claimed								
Incidental Expense								
Transportation								
Lodging								
Other Costs								
Total Itemized Expenses								

Remarks: 	Total Expenses	
	Less: Amounts paid or billed to the City (Indicate amount above with an asterisk * or <i>italic</i>) (Registrations, deposits, lodging, etc.)	
	Less: Cash Advance	
	TOTAL DUE <input type="checkbox"/> TO <input type="checkbox"/> FROM CITY	
I hereby certify that all items included above were necessary in discharging official business of the City.	_____ Department Head Approval	Date: _____
_____ Employee Signature: Date: _____	Approved by: _____ City Manager	Date: _____
	Reviewed by: _____ Finance	Date: _____

**ATTACHMENT C
PROOF OF INSURANCE**

The State of Arizona requires that every motor vehicle operated on the roadways be covered by insurance as follows:

- ✓ \$15,000 bodily injury liability for one person and \$30,000 for two or more people
- ✓ \$10,000 property damage liability

Employee Name	
Vehicle Identification Number	
License Plate Number	
Vehicle Make	
Vehicle Model	
Vehicle Year	
Name of Insured	
Insurance Company Name	
Policy Number	
Policy Expiration Date	
Insurance Company Phone Number	

Attach a copy of the declaration page from the insurance policy or other evidence of insurance form.

I certify the information provided is accurate as of this date.

_____ Date _____